

FINANCIAL ADDENDUM

Billing Office:

Bill To Address:

DOT Project Officer: *(Name)*
(Telephone)

Routing Symbol

Accounting Classification: _____

Project Beginning Date:

Ending Date:

Each specific item of goods or services to be furnished under the terms of this agreement are as follows:

IDENTIFY THE FOLLOWING.

Billable Charges:

Method of Computation of Charges:

Estimated Cost:

Billing Period(s) _____ *(Monthly)* _____ *(Quarterly)*
_____ *(Other)* Specify: _____

Documentation required by the User Agency as a condition of payment is as follows: